

RAI Spotlight



MDS 3.0 RAI User's Manual Version 1.19.1R Hyperlink Update Supplement

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The *Minimum Data Set (MDS) 3.0 Resident Assessment Instrument (RAI) User's Manual* version (v) 1.19.1R Hyperlink Update Supplement is now available in the **Downloads** section on the [*Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual*](#) page.

This is an informational document that includes hyperlinks (links) that have been identified as requiring an update over the lifetime of the *MDS*

3.0 RAI User's Manual v1.19.1, effective October 01, 2024. Due to external webpage changes, links may occasionally redirect or become unreachable, or the information provided on the webpage may change. To ensure all links remain current, a list of non-functional/out-of-date links has been compiled, each with an up-to-date replacement link. Replacement pages for each affected page of the *MDS 3.0 RAI User's Manual* v1.19.1 can be found following the list.

Questions:

- **RAI**, Manual including MDS coding? qa-mds@pa.gov
- **State Medicaid**, including Section S, OSA CMI reports and Field Office information? Myers and Stauffer Help-desk at (717) 541-5809 or pahelpdesk@mslc.com
- **CMS SNF QRP Public Reporting?** SNFQRPQuestions@cms.hhs.gov
- **Medicare Part A Billing and Eligibility Questions** - Contact your MAC - Novitas at 1-877-235-8073
- **MDS Technical Issues** including Manual Assessment Correction/Deletion Request and Missing OBRA Assessment Reports (Contact the MDS Automation Coordinator, Ruth Anne Barnard at rbarnard@pa.gov)

Draft MDS 3.0 Item Sets Version 1.20.1

The draft Minimum Data Set (MDS) 3.0 Item Sets version (v) 1.20.1 and Item Matrix are now available in the **Downloads** section on the [*Minimum Data Set \(MDS\) 3.0 Resident Assessment Instrument \(RAI\) Manual*](#) page. The MDS Item Sets v1.20.1 will be effective beginning October 1, 2025.

Next Teleconference:

Section GG

Date: January 9, 2025
Time: 1:30 PM - 2:30 PM
Topic: Section GG

Handouts: Presentation materials will be emailed to all participants prior to the start of the training.

Registration Link:

<https://mslc.webex.com/webex/register/r2e2260cdfb1061544b7e6bf1146dbb91>

Presenter: Lynn Snider, BSN, RN, RAC-CT
Myers and Stauffer

A recording of this conference will be available following the presentation at: <https://nfrp.panfsuubmit.com>

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MDS Item Set Update Training Q&A-October 2024

On October 18, 2024 a training teleconference was provided on MDS Item Set Updates. The following questions were received:

Question: Can you please clarify how to code anticonvulsants? There still seems to be confusion whether some benzodiazepines should be included. For example, some experts say Lorazepam is an antianxiety and anticonvulsant.

Answer: Code all medications according to their pharmacological classification. Discuss with consulting pharmacist for the facility if you are unsure what the classification(s) are for a specific medication.

Question: Should facilities manually delete the MDS if sent incorrectly and if so who are we asking to manually delete? Who do we send the request to?

Answer: Please send the Manual Deletion Form (located at page 4 of this document) for each individual deletion needed, to the following address via **certified mail**:

ATTN:

Ruth Anne Barnard, RN, MDS Automation Coordinator
Department of Human Services - Office of Long-Term Living
Bureau of Fee-For-Service Programs
555 Walnut Street, Forum Place, 6th Floor
PO Box 8025
Harrisburg, PA 17105-8025

Question: Are facilities only to delete MDS' with an Assessment Reference Date (ARD) of 10-1-24 and later (none before if an error is found)?

Answer: This policy applies to any MDS that, if found, should not have been transmitted to CMS.

OIG:National Background Check Program for Long-Term Care Providers:A Final Assessment

Why OIG Did This Review

- As many as 70 percent of seniors may need care in long-term care setting at some point in their lives. In 2023, nearly 16 percent of residents living in long-term care settings reported experiencing abuse.
- In 2010, the Patient Protection and Affordable Care Act (the Act) established a National Background Check Program, which provided Federal financial assistance for States to develop or enhance systems for long-term care settings to conduct background checks on prospective employees.
- Twenty-nine States participated in the program at various times from 2010 to 2024. The last two States ended participation on May 31, 2024.
- The Act included a mandate for OIG to produce an evaluation of this program.

What OIG Found

The National Background Check Program was successful in assisting 27 States to develop programs to identify efficient, effective, and economical procedures for conducting background checks on prospective long-term care employees.

- The National Background Check Program helped States successfully build systems to disqualify employees with concerning criminal convictions from working in long-term care settings.
- States reported two procedures that were appropriate, efficient, and effective for conducting background checks: having an automated system for conducting background checks and having the ability to monitor status changes to a person's background check after the initial background check has been completed.

- States rarely reported that conducting background checks resulted in any unintended consequences, such as a reduction in workforce.
- The most common challenges that States encountered while in the program were a lack of State legislative authority and difficulty coordinating between State-level departments.
- States spent more than \$100 million in combined Federal and State funds to develop or enhance systems to conduct background checks of potential employees of long-term care providers.

Link to the full report:

<https://oig.hhs.gov/documents/evaluation/10041/OEI-07-24-00100.pdf>

Revisions to QSO-23-21-NH, (Originally Released on September 20, 2023)

CMS Memo QSO-25-01-NH (Revisions to QSO-23-21-NH)

Memorandum Summary

- Adjustment to Staffing and Quality Measures: CMS will update the staffing level case-mix adjustment methodology and replace some of the Quality Measures (QMs) used on Nursing Home Care Compare, in order to accommodate changes to the Minimum Data Set (MDS). Additionally, CMS will discontinue the CMS-672 form since the section G MDS data, used to populate this form, is being eliminated.
- Penalty for Providers that Fail to Submit Staffing Data: To incentivize providers to submit accurate staffing data, CMS will revise the staffing rating methodology so providers that fail to submit staffing data or submit erroneous data receive the lowest score possible for corresponding staffing turnover measures.
- Revised the timeline for adjusting the quality measures so that all affected quality measures are updated at the same time.

MDS Data Specifications V3.10.0 (DRAFT) Now Available

The MDS Data Specifications V3.10.0 (DRAFT) are now available for download under the

Downloads section at the bottom of the MDS 3.0 Technical Information webpage. This version will be implemented in production on

October 1, 2025. Please note the addition of Section R. Also, the O0400 and A1250 items will be removed, while O0390 items will be added. Furthermore, the dash (-) will become an allowed value for the D0150 frequency items. As

always, please check the item and edit change reports for additional details. Note that Section S item additions are not present in this DRAFT version but will be present in the FINAL version.

Data.CMS.gov Announcement

October 2024: CMS updated skilled nursing facility quality measures data to include this new measure:

- ✓ Percentage of residents who are at or above an expected ability to care for themselves and move around at discharge.
- ✓ Three measures have been removed from [Medicare.gov](https://www.medicare.gov) for skilled nursing facilities:
 1. Percentage of SNF residents whose functional abilities were assessed and functional goals were included in their treatment plan
 2. Change in residents' ability to care for themselves
 3. Change in residents' ability to move around
- ✓ The historic publicly reported data for these measures will continue to be available in the [Nursing homes including rehab services archived data snapshots](#).

Manuals with Recent Updates:

Nursing Home Five-Star Technical Users' Guide updated July 2024

<https://www.cms.gov/medicare/provider-enrollment-and-certification/certificationandcompliance/downloads/usersguide.pdf>

Draft MDS Nursing Home Comprehensive Item Set Version 1.20.1 October_25

<https://www.cms.gov/medicare/quality/nursing-home-improvement/resident-assessment-instrument-manual>

iQIES Minimum Data Set (MDS) Error Message Reference Guide Version 1.2, October 28, 2024

https://qtso.cms.gov/system/files/qtso/MDS%20Error%20Message%20Reference%20Guide%20v2.4%20FINAL%2010.29.2024_508_0.pdf



NOTE: Assessment item errors, other than those listed below, must be corrected and resubmitted using **Correction Policy** procedures.

Please Type or Print Legibly

All Fields are Required

☐ **Delete Test Record** ☐ **Correct A0410 Value** ☐ **Delete Wrong FAC_ID** ☐ **Not CMSRequired*****

Facility Information

Facility Name: ID (FAC_ID):

(complete name)

Requestor (Administrator/Owner) Information

Name (full name): Title:

E-mail Address: Phone Number:

Resident Information

First Name: Last Name:

SSN: Birth Date: Gender:

Resident ID:*

Record Information

A0310A Value: A0310B Value: A0310C Value: A0310D Value: A0310F Value:

Target Date:** Assessment ID:*

Submission Information

Submission Date: Submission ID:*

A0410 (Submission Requirement) Values

Submitted (Incorrect) Value: Correct Value:

* RES_INT_ID, ASMT_ID, and SUMMISSION ID are found on the Final Validation Report

** Target Date is:

MDS Item **A2300** (Assessment Reference Date) for an assessment record
MDS Item **A2000** (Discharge Date) for a discharge record
MDS Item **A1600** (Entry Date) for a reentry record

*** Record is not for OBRA and not for Medicare Part A PPS

Submit **completed and signed** form to the iQIES Service Center by **Certified Mail** through the US Postal Service.

GDIT
iQIES Service Center
4800 Westown Pkwy, Suite 360
West Des Moines, IA 50266

Signature - Administrator or Owner (Please circle one) Date
Submit **completed** and **signed** form to your State Agency via **Certified Mail** through the US Postal Service. Your State Agency will approve, sign, and forward your request to the iQIES Service Center.

Signature - State Agency Authorizer Date
The request must be sent **Certified Mail** through the US Postal Service.

All requests require State Agency authorization.

Forms forwarded to the iQIES Service Center without a State Agency signature will be rejected.

iQIES Service Center - Internal Use:

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>